

Better Choices, Better Health: Living Well Alaska
Workshop Participant Post Form

Please fill out this form, front and back, **AFTER** you have completed the Workshop.

Please put your participant # on this form.

1. Where was this Workshop being held? (e.g., Senior Center, 1 Main St, Knik, AK 99712)

Location: _____

Address: _____ City: _____ Zip: _____

2. When was this Workshop held?

Workshop dates (mm/dd/yyyy): **from** ____/____/____ **through** ____/____/____

3. Which workshop sessions did you attend?

Session 1__ Session 2__ Session 3__ Session 4__ Session 5__ Session 6__

4. Have you ever been told by a doctor that you have? (*Please circle ALL that apply*):

- | | | |
|---------------------------------|---|--|
| a) Arthritis | d) Cancer | g) Lung Disease (asthma, bronchitis, emphysema) |
| b) Anxiety or Depression | e) Diabetes | h) Heart Disease |
| c) High Blood Pressure | f) Stroke | |
| i) Osteoporosis | j) Another condition (please specify): _____ | |
| k) None | | |

5. Why are you taking this Workshop? (*Please circle ALL that apply*):

- a) **I want to learn to take care of myself better.**
 b) **I live with or care for someone with a chronic disease.**
 c) **My health care provider recommended it.**
 d) **I was referred by** _____
 a) **Another reason:** _____

6. Are you (*please circle one*): **Female** **Male** 7. How old are you? _____ *Age in years*

8. What is your home zip code? _____ 9. How many persons live in your home? _____

10. Race/Ethnicity: Please check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Pacific Islander | |
| <input type="checkbox"/> Alaska Native/American Indian | <input type="checkbox"/> Hispanic/Latino | |

11. Education: Please check the highest level of education you have completed.

- | | |
|---|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college or vocational school |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Graduate school |

12. What type of health insurance do you have? (*Please check All that apply*)

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> I.H.S. |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> V.A. Benefits Insurance | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other (specify): _____ | |

Complete both pages

12. In general, would you say your health is..... (Please circle one)

Excellent.....1

Very good.....2

Good.....3

Fair.....4

Poor.....5

13. On a scale of 1 to 10, how confident are you that you can live a healthy life with your chronic condition?
Circle answer.

not at all											totally
confident	1	2	3	4	5	6	7	8	9	10	confident

14. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as cooking, bathing, household chores, physical activity, self-care, work, or play?

_____ **Number of days**

15. Did you like this workshop? ____ Yes ____ No

How much? Circle your answer.

Not at all	1	2	3	4	5	6	7	8	9	10	Very much
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16. This workshop gave me tools I can use to better manage my chronic condition(s). Circle your answer.

1. = strongly disagree

2. = disagree

3. = undecided

4. = agree

5. = strongly agree

17. What are two (2) new things you are now **doing** as a result of this workshop? (e.g. eating breakfast, walking, taking the stairs, visiting with friends, taking less pain medicine, etc.)

18. How much contact did you have with your buddy or buddies between sessions? Circle answer.

No											Frequent
contact	1	2	3	4	5	6	7	8	9	10	contact

Thank you!